

(PLEASE PRINT)

Family Name \_\_\_\_\_

Concordia I.D. Number \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
DAY    MONTH    YEAR

Home Telephone \_\_\_\_\_  
AREA CODE

Degree (e.g. BA) \_\_\_\_\_

Business Telephone \_\_\_\_\_  
AREA CODE

Programme (e.g. History) \_\_\_\_\_

E-mail \_\_\_\_\_

**NOTE:** Please inform the Office of the Registrar if you change your address.

FAX \_\_\_\_\_

**INSTRUCTIONS:** Completed application is to be brought to the Birks Student Service Centre (SGW – LB 185).  
The fee is \$42.50 payable by money order or debit card (Interac).

COURSE NAME	NUMBER	SESSION	SECTION	INSTRUCTOR
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Be sure to indicate what it is (examination, term paper, etc.) you wish re-evaluated and what informal attempts toward re-evaluation have been made. Give SPECIFIC reasons why you are seeking re-evaluation. **Before completing this section, it is recommended that you read the section(s) in the undergraduate or graduate calendar entitled “Academic Re-evaluation Procedures”.** The grounds for a re-evaluation request are restricted to claims that: a miscalculation of the grade occurred; or the evaluation of the work was demonstrably unfair.

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	PAYMENT METHOD	DATE:	AMOUNT:	INITIALS:
	<input type="checkbox"/> D/C <input type="checkbox"/> MO1			